

## South Dakota Danielson Specialist Rubrics Order Form

**Complete the following form for each School District with school buildings using the Rubrics.**

**Districts pay an annual \$30 fee per building. Licenses valid 7/1/2015 – 6/30/2016.**

### ASCD Specialist Rubrics:

Framework for School Psychologist  
 Framework for Library Media Specialists  
 Framework for School Counselors  
 Framework for Therapeutic Specialists  
 Framework for School Nurse  
 Framework for Instructional Specialists

### District Information Contact and Billing Information:

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 District Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 District Shipping Address: \_\_\_\_\_  
 District Billing Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ District Website: \_\_\_\_\_

**Number of School Buildings using Rubrics: \_\_\_\_\_ x \$30 per year per building = TOTAL \_\_\_\_\_**

Please select one of the following options:

- ☐ A purchase order is not required. Please invoice me.  
☐ A purchase order is attached.  
☐ A purchase order is in process and will be issued by (please insert date): \_\_\_\_\_.  
☐ We wish to pay by credit card: Enter information below or Contact Wendy Walker at [wendy.walker@teachscape.com](mailto:wendy.walker@teachscape.com) or (415) 748-3608.

Amount (US \$)	
Credit Card #	
Expiration Date	
Name on Card	
Billing Address	
Customer email	
Customer phone#	

<b>Please Note:</b> 1) Prices do not include hardware or sales tax, if applicable. 2) Fees are based on services provided and not actual usage. 3) All users have access to unlimited technical support during help desk hours 4) For additional information, please contact your Teachscape account executive, Timothy Jarotkiewicz at <a href="mailto:timothy.jarotkiewicz@teachscape.com">timothy.jarotkiewicz@teachscape.com</a> or 312.459.4679	<b>Remit Payments To:</b>  Teachscape, Inc. P.O. Box 49242 San Jose, CA 95161-9242	<b>Corporate address:</b>  Teachscape 655 Montgomery, 8 <sup>th</sup> Floor San Francisco, CA 94111 (NEW ADDRESS AS OF 2/23/15)  Tax ID # 77-0639457
--	--	---



877.98.TEACH • [info@teachscape.com](mailto:info@teachscape.com) • San Francisco • California

.....

By signing below, Customer representative agrees to the terms and conditions herein, certifies that he/she has full authority to make purchasing commitments for the Customer, and is requesting to be invoiced for the above services and products.

Signature \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Email/Fax the completed signed forms to: Wendy Walker at [wendy.walker@teachscape.com](mailto:wendy.walker@teachscape.com) or (415) 651-8846.**

.....